Case 1:16-bk-12814 Doc 1 Filed 07/28/16 Entered 07/28/16 16:25:13 Desc Main Document Page 1 of 62

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Lillian First name J. Middle name	First name Middle name
	Bring your picture identification to your meeting with the trustee.	Cheers Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6823	

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Debtor 1 Lillian J. Cheers

		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):					
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.						
	Include trade names and doing business as names	Business name(s)		Business name(s)					
		EINs	-	EINs					
5.	Where you live			If Debtor 2 lives at a different address:					
		26 Woodcrest Court							
		Cincinnati, OH 45246 Number, Street, City, State & ZIP Code	-	Number, Street, City, State & ZIP Code					
		Hamilton							
		County	-	County					
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.					
		N/A							
		Number, P.O. Box, Street, City, State & ZIP Code	-	Number, P.O. Box, Street, City, State & ZIP Code					
ò.	Why you are choosing this district to file for	Check one:		Check one:					
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.					
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)					
			-						

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Debtor 1 Lillian J. Cheers

ar	Tell the Court About	Your Ba	ankruptcy Ca	se					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	☐ Cr	napter 7						
		☐ Ch	napter 11						
		☐ Ch	napter 12						
		■ Ch	napter 13						
3.	How you will pay the fee		I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.						
					allments. If you choose this o	ption, sign and attach the Application for Ir	ndividuals to Pay		
			but is not req applies to you	uired to, waive y ur family size and	our fee, and may do so only if d you are unable to pay the fe	tion only if you are filing for Chapter 7. By your income is less than 150% of the offic e in installments). If you choose this option official Form 103B) and file it with your petit	ial poverty line that , you must fill out		
			ше Арріісайс	iii to nave tile C	napter / Filling Fee Walved (C	niiciai Foitii 1036) and ille it with your petit	iori.		
9.	Have you filed for bankruptcy within the	■ No							
	last 8 years?	☐ Ye	S.						
			District		When	Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy	■ No							
	cases pending or being filed by a spouse who is not filing this case with	☐ Ye	S.						
	you, or by a business partner, or by an affiliate?								
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your residence?	■ No	Go to I	ine 12.					
		☐ Ye	s. Has yo	ur landlord obta	ined an eviction judgment aga	inst you and do you want to stay in your re	sidence?		
				No. Go to line 1	2.				
				Yes. Fill out <i>Init</i> bankruptcy peti		on Judgment Against You (Form 101A) and	d file it with this		

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Debtor 1 Lillian J. Cheers

art	Report About Any Bu	sinesses	You Own	as a Sole Propriet	or			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.				
		☐ Yes.	Name	and location of bus	iness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name					
	If you have more than one sole proprietorship, use a separate sheet and attach		e & ZIP Code					
	it to this petition.				x to describe your business:			
					ness (as defined in 11 U.S.C. § 101(27A))			
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))			
				,	efined in 11 U.S.C. § 101(53A))			
				Commodity Broke	r (as defined in 11 U.S.C. § 101(6))			
				None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor?	deadline: operation	re filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate es. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ns, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure S.C. 1116(1)(B).					
		■ No.	I am n	ot filing under Chap	ter 11.			
	For a definition of small business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.					
		☐ Yes.	I am fi	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
art	4: Report if You Own or	Have Any	/ Hazardo	us Property or Any	y Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is t	he hazard?				
	public health or safety? Or do you own any property that needs			iate attention is				
	immediate attention?		needed,	why is it needed?				
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is	the property?				
					Number, Street, City, State & Zip Code			

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Debtor 1 Lillian J. Cheers

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 1:16-bk-12814 Doc 1 Filed 07/28/16 Entered 07/28/16 16:25:13 Desc Main Document Page 6 of 62 Case number (if known) Debtor 1 Lillian J. Cheers Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Lillian J. Cheers

Lillian J. Cheers
Signature of Debtor 1

Executed on July 21, 2016

MM / DD / YYYY

Signature of Debtor 2

MM / DD / YYYY

Executed on

Case 1:16-bk-12814 Doc 1 Filed 07/28/16 Entered 07/28/16 16:25:13 Desc Main Document Page 7 of 62

Debtor 1 Lillian J. Cheers Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ John W. Rose	Date	July 21, 2016
Signature of Attorney for Debtor		MM / DD / YYYY
John W. Rose Printed name		
The Rose Law Office		
Firm name		
632 Vine Street		
Suite 305		
Cincinnati, OH 45202		
Number, Street, City, State & ZIP Code		
Contact phone (513) 621-7902	Email address	
(0029888)		
Bar number & State		

		DOCUM	eni Page 8 oi 6z	<u> </u>	
Fill in this inform	nation to identify your	case:			
Debtor 1	Lillian J. Cheers				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF OHIO		
Case number					☐ Check if this is an amended filing
					amended ming

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a Value of	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	66,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	24,273.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	90,273.00
Pai	t 2: Summarize Your Liabilities		
			i abilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	122,156.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	250,242.00
	Your total liabilities	\$	372,398.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,173.01
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,418.57
Pai	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other scl	hedules.
	■ Yes		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Page 9 of 62 Case number (if known) Debtor 1 Lillian J. Cheers

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,734.27

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	22,196.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	22,196.00

	Case :	1:16-bk-128	314 Doc 1		ed 07/2 :ument			ered 07. 0 of 62	/28/1	6 16:	25:13	Des	sc Main
Fill in	this informa	ation to identify	your case and th				101 0. 10	7 (H (17					
Debto	or 1	Lillian J. Che	eers										
Debto	ur 2	First Name	Middle	Name		Last	Name						
	e, if filing)	First Name	Middle	Name		Last	Name						
Jnited	d States Bank	kruptcy Court for	the: SOUTHERI	N DIST	RICT OF (OIHC							
Case	number												Check if this is an
												_	amended filing
Sch n each nink it nforma	category, ser fits best. Be ation. If more	as complete and a space is needed, a	operty	e. If two	married pe	eople are	filing tog	ether, both	are equ	ally resp	onsible for s	upply	
	r every questi												
Part 1:	Describe Ea	ach Residence, Bu	uilding, Land, or Oth	ier Real	Estate You	J Own or	Have an	Interest In					
	lo. Go to Part 2 'es. Where is t	2.	uitable interest in a	•	ŕ		,						
1.1	26 Wooder	ost Court		What	is the prop	-	eck all that	apply					
_	26 Woodcrest Court Street address, if available, or other description		cription	Duplex or multi-unit building the amo					e amount	t deduct secured claims or exemptions. Put nount of any secured claims on Schedule D: ors Who Have Claims Secured by Property.			
(Cincinnati	ОН	45246-0000			ured or mo	obile hom	e		urrent va	lue of the perty?		rrent value of the ortion you own?
C	City	State	ZIP Code			nt property	/			\$6	66,000.00		\$66,000.00
				□ □ Who	Other has an inte	erest in th	e proper	ty? Check one	(s _e a	uch as fe	ee simple, te e), if known.		ownership interest by the entireties, or
	Hamilton				Debtor 2	only			_				
C	County						-	ad another			c if this is co	mmur	ity property
				Other		on you wi	sh to add	d another	item, sı	•	,		
			ortion you own for Part 1. Write that								=>		\$66,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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Debtor 1 Lillian J. Cheers 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Nissan Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Altima Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2015 Year: Debtor 2 only Current value of the Current value of the 20,080 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$18,998.00 \$18,998.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Hyundai Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: Sonata Creditors Who Have Claims Secured by Property. ■ Debtor 1 only Model 2005 Debtor 2 only Current value of the Current value of the 164,100 Approximate mileage: entire property? portion you own? ☐ Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another Automobile insured with \$1,500.00 \$1,500.00 Central Insurance ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$20,498.00 Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Π Nο Yes. Describe..... \$1,500.00 Assorted Household Goods 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$750.00 Assorted Electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe.....

Schedule A/B: Property

	Case 1:16-bk-12814	Doc 1	Filed 07/28/16 Document P	Entered 07/2	28/16 16:25:13	Desc Main
Debtor 1	Lillian J. Cheers		Document P	age 12 01 02 Cas	se number (if known)	
	ment for sports and hobbies pples: Sports, photographic, exerci	ise, and othe	er hobby equipment; bic	rcles, pool tables, golf	clubs, skis; canoes and	kayaks; carpentry

 Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes an musical instruments No 	d kayaks; carpentry tools;
☐ Yes. Describe	
 10. Firearms	
 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No ■ 	
Yes. Describe	
Assorted wearing apparel	\$400.00
 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gol □ No ■ Yes. Describe 	
Assorted jewelry	\$450.00
No ☐ Yes. Describe 14. Any other personal and household items you did not already list, including any health aids you did not list ☐ No ☐ Yes. Give specific information 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$3,100.00
Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following?	Current value of the
be you own of have any regards equivalent many or the remaining.	portion you own? Do not deduct secured claims or exemptions.
 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes	
Cash	\$75.00
 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage hor institutions. If you have multiple accounts with the same institution, list each. □ No ■ Yes	uses, and other similar
17.1. Checking Kemba Credit Union	\$500.00

Official Form 106A/B Schedule A/B: Property

page 3

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Case number (if known)

Document Debtor 1 Lillian J. Cheers

		17.2.	Savings	Kemba Credit Union	\$100.00
18.	Bonds, mutual funds, Examples: Bond funds			s brokerage firms, money market accounts	
	■ No □ Yes		Institution or issu	ier name:	
19.	Non-publicly traded st	ock and	interests in inco	orporated and unincorporated businesses, including an in	nterest in an LLC, partnership, and
	■ No				
	☐ Yes. Give specific inf		about them me of entity:		
20.	Negotiable instruments Non-negotiable instrum	include ¡	personal checks,	egotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them.	
	■ No				
	☐ Yes. Give specific info		about them uer name:		
21.	Retirement or pension Examples: Interests in			c), 403(b), thrift savings accounts, or other pension or profit-sh	aring plans
	No				
	☐ Yes. List each accour		ely. of account:	Institution name:	
22.	Security deposits and Your share of all unuse Examples: Agreements	d deposi	s you have made	e so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications co	ompanies, or others
	■ No □ Yes			Institution name or individual:	
23.	_	or a perio	dic payment of mo	oney to you, either for life or for a number of years)	
	■ No □ Yes Is	suer nam	e and description	ı.	
24	Interests in an education 26 U.S.C. §§ 530(b)(1), ■ No			a qualified ABLE program, or under a qualified state tuitio	on program.
		stitution	name and descrip	tion. Separately file the records of any interests.11 U.S.C. § 5	521(c):
25.	Trusts, equitable or fu ■ No	ture inte	rests in property	(other than anything listed in line 1), and rights or power	rs exercisable for your benefit
	☐ Yes. Give specific inf	ormation	about them		
26.	Examples: Internet don			, and other intellectual property ceeds from royalties and licensing agreements	
	■ No□ Yes. Give specific inf	ormation	about them		
27	Licenses, franchises, Examples: Building per			ibles ooperative association holdings, liquor licenses, professional	licenses
	■ No				
	☐ Yes. Give specific inf	ormation	about them		
M	oney or property owed	to you?			Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

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De	Lillian J. Cneers Case number (if known)	
28.	Tax refunds owed to you	
	■ No Yes. Give specific information about them, including whether you already filed the returns and the tax years	
29.	Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, propert No ☐ Yes. Give specific information	y settlement
	Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' competendits; unpaid loans you made to someone else ■ No Yes. Give specific information	ensation, Social Security
31.	Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insura No	ance
	Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary:	Surrender or refund value:
	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to recomeone has died. ■ No ☐ Yes. Give specific information	ceive property because
33.	Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No □ Yes. Describe each claim	
34.	Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights t	o set off claims
	☐ Yes. Describe each claim	
	Any financial assets you did not already list ■ No □ Yes. Give specific information	
36	Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here	\$675.00
Pa	Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.	
١	Do you own or have any legal or equitable interest in any business-related property? ■ No. Go to Part 6. □ Yes. Go to line 38.	
Pa	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.	
46.	Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47.	
Pa	Describe All Property You Own or Have an Interest in That You Did Not List Above	

-

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Case number (if known) Debtor 1 Lillian J. Cheers

53.	Do you have other property of any kind you did not already Examples: Season tickets, country club membership	list?				
	No					
	Yes. Give specific information					
54.	Add the dollar value of all of your entries from Part 7. Writ	te that n	umber here			\$0.00
Part	List the Totals of Each Part of this Form					
55.	Part 1: Total real estate, line 2					\$66,000.00
56.	Part 2: Total vehicles, line 5		\$20,498.00			
57.	Part 3: Total personal and household items, line 15		\$3,100.00			
58.	Part 4: Total financial assets, line 36		\$675.00			
59.	Part 5: Total business-related property, line 45		\$0.00			
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00			
61.	Part 7: Total other property not listed, line 54	+	\$0.00			
62.	Total personal property. Add lines 56 through 61	_	\$24,273.00	Copy personal property to	otal	\$24,273.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62	!				\$90,273.00

Official Form 106A/B Schedule A/B: Property page 6

		17(7(4)1111)		
Fill in this infor	mation to identify your	case:		
Debtor 1	Lillian J. Cheers			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Real Estate 26 Woodcrest Court	\$66,000.00		\$136,925.00	O.R.C. Sec. 2329.66 (A) (1)
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Motor Vehicle 2005 Nissan Altima	\$18,998.00		\$3,775.00	O.R.C. Sec. 2329.66 (A) (2)
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Cash/Deposits/Refunds Line from Schedule A/B:	\$675.00		\$475.00	O.R.C. Sec. 2329.66 (A) (4) (a)
			100% of fair market value, up to any applicable statutory limit	
Assorted Household Goods Line from Schedule A/B:	\$2,250.00	•	\$3,000.00	O.R.C. Sec. 2329.66 (A) (4) (b)
			100% of fair market value, up to any applicable statutory limit	
Any Other Property Line from Schedule A/B:	Unknown		\$1,250.00	O.R.C. Sec. 2329.66 (A) (18)
			100% of fair market value, up to any applicable statutory limit	

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De	btor 1	Lillian J. Cheers	Document		Case number (if known)		
Sci		description of the property and line on dule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
			Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
		elry from Schedule A/B:	\$400.00		\$400.00	O.R.C. Sec. 2329.66(A)(4)(c)	
	20				100% of fair market value, up to any applicable statutory limit		
3.		ou claiming a homestead exemption ject to adjustment on 4/01/19 and every			led on or after the date of adjustmer	nt.)	
		No					
		Yes. Did you acquire the property covere	ed by the exemption wi	thin 1	215 days before you filed this case	?	
		□ No					
		Π Yes					

	Document Page	18 01 62			
Fill in this information to identify yo	ur case:				
Debtor 1 Lillian J. Cheer	rs				
First Name	Middle Name Last Name)	-		
Debtor 2			_		
(Spouse if, filing) First Name	Middle Name Last Name)			
United States Bankruptcy Court for the	SOUTHERN DISTRICT OF OHIO		_		
Casa number					
Case number (if known)			☐ Check	if this is an	
			_	led filing	
				-	
Official Form 106D					
Schedule D: Creditors	s Who Have Claims Secur	ed by Propert	Σ y	12/15	
	Market and the second s				
	If two married people are filing together, both are out, number the entries, and attach it to this form				
number (if known).					
Do any creditors have claims secured be	by your property?				
☐ No. Check this box and submit	this form to the court with your other schedules	s. You have nothing else	to report on this form.		
Yes. Fill in all of the information	below.				
Part 1: List All Secured Claims					
2 List all secured claims. If a creditor has	more than one secured claim, list the creditor separa	Column A	Column B	Column C	
for each claim. If more than one creditor ha	s a particular claim, list the other creditors in Part 2.	As Amount of claim	Value of collateral	Unsecured portion If any	
much as possible, list the claims in alphabe	tical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim		
2.1 Beneficial	Describe the property that secures the claim:	\$99,141.00	\$66,000.00	\$33,141.00	
Creditor's Name	1st Mortgage on:				
	26 Woodcrest Court				
	Cincinnati, Oh 45246				
P.O. Box 1231	As of the date you file, the claim is: Check all that apply.	t			
Brandon, FL 33509	☐ Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
Miles awas the debt2 O	Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	 An agreement you made (such as mortgage of car loan) 	r secured			
Debtor 2 only		-1			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lier☐ Judgment lien from a lawsuit	1)			
☐ Check if this claim relates to a	☐ Other (including a right to offset)				
community debt	- Cirior (including a right to onset)				
4002/B-f					
1992/Ref. Date debt was incurred July 2005	Last 4 digits of account number 659	93			
<u></u>					
2.2 Santander	Describe the property that secures the claim:	\$23,015.00	\$18,998.00	\$4,017.00	
Creditor's Name	2015 Nissan Altima	1			
	Lien Filed May 31, 2016				
	As of the date you file, the claim is: Check all that	 •			
P. O. Box 560284	apply.	·			
Dallas, TX 75356	Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
_	_	r accured			
■ Debtor 1 only □ Debtor 2 only	 An agreement you made (such as mortgage of car loan) 	i securea			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lier	1)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	''			
Check if this claim relates to a	Other (including a right to offset)				

community debt

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Debtor 1 Lillian J. Cheers				Case number (if know)		
	First Name	Middle Name	Last Name			
Date o	lebt was incurred	May 14, 2016	Last 4 digits of account number	6474		
Add	the dollar value of	your entries in Columi	n A on this page. Write that number h	nere:	\$122,156.00	
	is is the last page on the state of the stat		ollar value totals from all pages.		\$122,156.00	
Part 2	List Others to	o Be Notified for a D	ebt That You Already Listed			
trying than o	to collect from you one creditor for any	u for a debt you owe to	someone else, list the creditor in Pa listed in Part 1, list the additional cre	rt 1, and the	already listed in Part 1. For example, if a collection agency is en list the collection agency here. Similarly, if you have more If you do not have additional persons to be notified for any	
	Name, Number, St	reet, City, State & Zip Co	ode	On which	n line in Part 1 did you enter the creditor? 2.1	
	P.O. Box 5233 Carol Stream,			Last 4 dig	gits of account number	
	Nama Namaka 21		.1.			
_	Santander Co	reet, City, State & Zip Co Insumer	ode	On which	n line in Part 1 did you enter the creditor?	
	P.O. Box 9612 Fort Worth, T.	•		Last 4 dig	gits of account number	

0	430 1.10 BK 1201-	Documen	t Page 2	20 of 62	20.10	COO MAIN
Fill in this i	nformation to identify your		I DUN. 7	V VI V		
Debtor 1	Lillian J. Cheers					
DODIOI 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing) First Name	Middle Name	Last Name			
United State	es Bankruptcy Court for the:	SOUTHERN DISTRICT C	F OHIO			
Case number	er					heck if this is an
					_	mended filing
Official F	orm 106E/F					
	e E/F: Creditors W	ho Have Unsecur	ed Claims			12/15
Schedule G: E Schedule D: C left. Attach the	contracts or unexpired leases executory Contracts and Unexporteditors Who Have Claims Sec e Continuation Page to this page e number (if known).	ired Leases (Official Form 106 ured by Property. If more space	SG). Do not include ce is needed, copy	e any creditors with partially s the Part you need, fill it out,	secured claims number the ent	that are listed in ries in the boxes on the
Part 1: L	ist All of Your PRIORITY Un	secured Claims				
1. Do any c	reditors have priority unsecure	d claims against you?				
No. G	o to Part 2.					
☐ Yes.						
Part 2: L	ist All of Your NONPRIORIT	Y Unsecured Claims				
3. Do any c	reditors have nonpriority unsec	cured claims against you?				
☐ No. Yo	ou have nothing to report in this p	art. Submit this form to the cour	t with your other sch	nedules.		
Yes.						
unsecure	f your nonpriority unsecured cla d claim, list the creditor separately creditor holds a particular claim, li	for each claim. For each claim	listed, identify what	type of claim it is. Do not list cla	aims already incl	uded in Part 1. If more
						Total claim
4.1 6th	Avenue C.U.	Last 4 digits of	of account number			\$5,000.00
110	oriority Creditor's Name 11 Martin L. King, Jr. Blvd	d. When was the	e debt incurred?	2014 - 2016		. ,
	mingham, AL 35211 ber Street City State Zlp Code	As of the date	you file, the claim	is: Check all that apply		
	incurred the debt? Check one.	7.6 5 44.6	, cu, c.u	15. Chook an anat apply		
	Pebtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidate	d			
	Debtor 1 and Debtor 2 only	☐ Disputed				
	at least one of the debtors and and	out of	RIORITY unsecure	ed claim:		
	check if this claim is for a comr					
debt Is th	e claim subject to offset?	Obligations report as priorit		aration agreement or divorce th	nat you did not	
■ N	lo	☐ Debts to pe	ension or profit-shari	ng plans, and other similar deb	ts	
ΠY	'es	Other Spec	cify Several Pe	ersonal Loans		

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Debto	r 1 Lillian J. Cheers	Case number (if know)						
4.2	Ally Financial	Last 4 digits of account number 6451	\$38,291.00					
	Nonpriority Creditor's Name P.O. Box 380901 Minneapolis, MN 55438	When was the debt incurred? March 2015						
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.							
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	· ·	Originally automobile loan Repossessed						
	Yes	Other. Specify 2008 DRW Super Tow Truck						
4.3	American Express Nonpriority Creditor's Name	Last 4 digits of account number	\$2,021.00					
	P.O. Box 981537 El Paso, TX 79998	When was the debt incurred? 2010 - 2016						
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply						
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes	■ Other. Specify Assorted Credit Purchases						
4.4	AMEX DSNB Nonpriority Creditor's Name	Last 4 digits of account number	\$733.00					
	P.O. Box 8218 Mason, OH 45040	When was the debt incurred? 2010 - 2016						
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply						
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only							
	☐ At least one of the debtors and another	At least one of the debtors and another Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	nity						
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes	■ Other. Specify Assorted Credit Purchases						

Debtor	1 Lillian J. Cheers	Document Page 2	2 of 62 Case number (if know)	
4.5	Barclays Bank	Last 4 digits of account number		\$2,676.00
	Nonpriority Creditor's Name P.O. Box 8803 Wilmington, DE 19899	When was the debt incurred?	2010 - 2016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	Other. Specify Assorted	Credit Purchases	
4.6	Belk/Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number		\$1,493.00
	P.O. Box 965028 Orlando, FL 32896	When was the debt incurred?	2010 - 2016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
	☐ Yes	Other. Specify Assorted	Credit Purchases	
4.7	Cincinnati Healthcare Assoc. C.U. Nonpriority Creditor's Name	Last 4 digits of account number		\$7,673.00
	2139 Auburn Avenue Cincinnati, OH 45219	When was the debt incurred?	2014	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	\square Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-shari	ng plans, and other similar debts	

☐ Yes

2 unsecured loans

■ Other. Specify \$673.00 & 7,000.00

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Debt	or 1 Lillian J. Cheers	Case number (if know)	
4.8	Citi-Shell	Last 4 digits of account number	\$719.00
	Nonpriority Creditor's Name P.O. Box 6497	When was the debt incurred? 2010 - 2016	
	Sioux Falls, SD 57117 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Assorted Credit Purchases	
4.9	Dillards/WF	Last 4 digits of account number	\$3,437.00
	Nonpriority Creditor's Name P.O. Box 14517 Des Moines, IA 50306	When was the debt incurred? 2010 - 2016	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Assorted Credit Purchases	
4.1 0	Discover Bank	Last 4 digits of account number	\$3,082.00
	Nonpriority Creditor's Name P.O. Box 15316	When was the debt incurred? 2010 - 2016	
	Wilmington, DE 19850 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Assorted Credit Purchases	
		· · · ·	

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Lillan J. Cneers	Case number (if know)	
Great Lakes Higher Education	Last 4 digits of account number	\$22,196.00
Corporation Nonpriority Creditor's Name 2401 International Lane	When was the debt incurred? 2010	ΨΣΣ, 100.00
Madison, WI 53704-3192 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the dam's. Oncor all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	☐ Other. Specify	
	Student Loan	
JC Penney/Synchrony Bank	Last 4 digits of account number	\$4,333.00
Nonpriority Creditor's Name P.O. Box 965007 Orlando, El. 33906	When was the debt incurred? 2010 - 2016	
Orlando, FL 32896 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify Assorted Credit Purchases	
Lowes/Synchrony Bank	Last 4 digits of account number	\$8,615.00
Nonpriority Creditor's Name P.O. Box 965005	When was the debt incurred? 2010 - 2016	
Orlando, FL 32896 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other Specify Assorted Credit Purchases	
— 100	Other. Specify Add to detail and add to	

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Debtor 1 Lillian J. Cheers Case number (if know) 4.1 Macys/DSNB \$37.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 8218 When was the debt incurred? 2010 - 2016 Mason, OH 45040 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Assorted Credit Purchases 4.1 Pay Pal \$1,950.00 Last 4 digits of account number Nonpriority Creditor's Name 2211 North First Street When was the debt incurred? 2010 - 2016 San Jose, CA 95131 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Assorted Credit Purchases ☐ Yes 4.1 Regions Bank \$31.500.00 Last 4 digits of account number 6 Nonpriority Creditor's Name P.O. Box 276357 When was the debt incurred? Sacramento, CA 95827 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts Originally Automobile Loan 2014 Ford DRW Super Duty Tow Truck

☐ Yes

Repossessed

Other. Specify

Document Page 26 of 62 Debtor 1 Lillian J. Cheers Case number (if know) 4.1 Sams/Synchrony Bank \$3,148.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 965005 When was the debt incurred? 2010 - 2016 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Assorted Credit Purchases ☐ Yes 4.1 Springleaf Financial \$16,514.00 Last 4 digits of account number 8 Nonpriority Creditor's Name P.O. Box 9068 When was the debt incurred? 2005 Brandon, FL 33508 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Personal Loan ☐ Yes 4.1 Suntrust Bank 0833 \$96.018.00 9 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 85052 When was the debt incurred? March 2015 VA-RVW 7952 Richmond, VA 23285 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify **Repossessed**

Originally Tow Truck Loan

2015 Ford F-550

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Page 27 of 62 Case number (if know) Debtor 1 Lillian J. Cheers 4.2 Von Maur \$130.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 6565 Brady 2013 When was the debt incurred? Davenport, IA 52806 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Account ☐ Yes 4.2 Wal-Mart/Synchrony Bank \$676.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 965024 When was the debt incurred? 2010 - 2016 Orlando, FL 32896 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent □ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Assorted Credit Purchases ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Ally Financial Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims c/o Regions Bank Part 2: Creditors with Nonpriority Unsecured Claims 720 N. 39th Street Birmingham, AL 35222 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Regions Bank Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2050 Parkway Office Circle Part 2: Creditors with Nonpriority Unsecured Claims Birmingham, AL 35244 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Springleaf Financial Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 601 N.W. Second Street Part 2: Creditors with Nonpriority Unsecured Claims Evansville, IN 47706 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Official Form 106 E/F

Suntrust Bank

c/o Cheek Law Offices, LLC

Line 4.19 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

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Debtor 1 Lillian J. Cheers

471 East Broad Street, 12th Floor Columbus, OH 43215

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total				
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 22,196.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 228,046.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 250,242.00

Fill in this infor	mation to identify your	case:		
Debtor 1	Lillian J. Cheers			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Verizon Wireless
500 Technology Drive
Suite 500
Saint Charles, MO 63304

State what the contract or lease is for

Cellphone Service

		Docume	nt Page 30 d	of 62	
Fill in this	information to identify your	case:			
Debtor 1	Lillian J. Cheers				
DCDIOI 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filin	g) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
0					
Case numb (if known)	per			☐ Check if this is an	1
,				amended filing	1
Sched Codebtors Deople are	filing together, both are equa	re also liable for any deb ally responsible for supp	lying correct informat	is complete and accurate as possible. If two marri tion. If more space is needed, copy the Additional	Page,
	and case number (if known)			to this page. On the top of any Additional Pages, v	vrite
1. Do y	you have any codebtors? (If y	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No					
☐ Yes					
Arizona No.	nin the last 8 years, have you a, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spou	Nevada, New Mexico, Pu	erto Rico, Texas, Wash	ry? (Community property states and territories include ington, and Wisconsin.)	;
in line Form 1	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	r if your spouse is filing with you. List the person sure you have listed the creditor on Schedule D (60). Use Schedule D, Schedule E/F, or Schedule	Official
	Column 1: Your codebtor Name, Number, Street, City, State and ZI	P Code		Column 2: The creditor to whom you owe the Check all schedules that apply:	debt
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule E/F, line	
_					
	Number Street City	State	ZIP Code		
	Oity	State	ZIF Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule C/I , line	
_					
	Number Street City	State	ZIP Code		
(опу	Sidie	ZIP Code		

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Fill	in this information to identify your c	ase:		
Del	btor 1 Lillian J. Ch	eers		
	btor 2			
Uni	ited States Bankruptcy Court for the	: SOUTHERN DISTRIC	CT OF OHIO	
	se number nown)			Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:
<u>O</u>	fficial Form 106I			MM / DD/ YYYY
S	chedule I: Your Inc	ome		12/15
	Pill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with	Employment status	■ Employed	■ Employed
	information about additional employers.		☐ Not employed	☐ Not employed
	Include part-time, seasonal, or	Occupation	Lab Support Tech	Lab Support Tech (Part Time)
	self-employed work.	Employer's name	Christ Hospital	Tri-Health
	Occupation may include student or homemaker, if it applies.	Employer's address	2139 Auburn Avenue Cincinnati, OH 45219	619 Oak Street Cincinnati, OH 45206
		How long employed to	here?	
Pai	rt 2: Give Details About Mor	nthly Income		
		•	you have nothing to report for any	line, write \$0 in the space. Include your non-filing
	, ,			
spoi If yo	,		ombine the information for all emp	loyers for that person on the lines below. If you need

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

iling spouse	non-f			
1,550.80	\$	3,220.60	\$_	2.
0.00	+\$_	0.00	+\$_	3.
1,550.80	\$_	3,220.60	\$_	4.

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1	Lillian J. Cheers	_	(Case	number (if known)				
					For	Debtor 1		or Debtor on-filing s		
	Сор	y line 4 here	4.		\$	3,220.60	\$		550.80	
5.	List	all payroll deductions:								
0.	5a.	Tax, Medicare, and Social Security deductions	5a	a	\$	591.55	\$		288.10	
	5b.	Mandatory contributions for retirement plans	5b		\$ -	0.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c		\$_	217.97	\$		55.17	_
	5d.	Required repayments of retirement fund loans	5d		\$_	628.97	\$		0.00	_
	5e.	Insurance	5e	€.	\$	316.63	\$		0.00	-
	5f.	Domestic support obligations	5f.		\$	0.00	\$		0.00	_
	5g.	Union dues	5g	J .	\$	0.00	\$		0.00	-
	5h.	Other deductions. Specify:	5h	1.+	\$	0.00	+ \$		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,755.12	\$		343.27	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	1,465.48	\$	1	207.53	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.0		ď	2.22	¢.		0.00	
	8b.	monthly net income. Interest and dividends	8a 8b		\$_ \$	0.00	\$ \$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			\$ \$	0.00	\$		0.00	-
	8d.	Unemployment compensation	80	d.	\$	0.00	\$		0.00	-
	8e.	Social Security	8e	€.	\$	0.00	\$		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$_ \$	0.00	\$		0.00	-
	8g. 8h.	Pension or retirement income Other mentally income Specific Payabters Assistance	8g). 1.+	\$ _	<u>0.00</u> 500.00	\$ + \$		0.00	_
	OII.	Other monthly income. Specify: Daughters Assistance		I.Ŧ	Ψ_	500.00	т ў		0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	\$	500.00	\$		0.0	0
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$		1,965.48 + \$		1,207.53	- \$	3,173.01
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		1,903.40		1,207.55		3,173.01
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule contributions from an unmarried partner, members of your household, you in friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depe			•		n Schedule	e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The relet that amount on the Summary of Schedules and Statistical Summary of Certailes							\$	3,173.01
13.	Do y	you expect an increase or decrease within the year after you file this form	1?						Combine month!	ned y income
		No.								

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Sill	in this informa	tion to identify yo	our case:	·				
	tor 1	Lillian J. Che				Che	eck if this is:	
		Lillian 5. Che	,c, 				An amended filin	•
	tor 2 ouse, if filing)							owing postpetition chapter of the following date:
Linit	ed States Bankr	untey Court for the	· SOUTH	IERN DISTRICT OF OHIO			MM / DD / YYYY	
		upicy Court for the	. 000111	ELITEDIOTICIO OF OTHE			WIIVI / DD / TTTT	
1	e number nown)							
Of	fficial Fo	rm 106J						
So	chedule	J: Your	Expen	ises				12/1:
Be info	as complete a	and accurate as	possible. eded, atta	If two married people ar ch another sheet to this				
Par		ibe Your House	hold					
1.	Is this a joir							
	■ No. Go to	o line 2. es Debtor 2 live i	in a senar:	ate household?				
	_ 100: 200		a copair					
	□ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of De	btor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list D	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's	Does dependent live with you?
	Debtor 2.	a.		еасп ферепфена	Debtor 1 or Debtor	2	age	□ No
	Do not state dependents							☐ Yes
								□ No
								_ Yes
								□ No □ Yes
								_ □ res □ No
								☐ Yes
3.		penses include f people other t	han \blacksquare	No				_
	•	d your depende		Yes				
Par	t 2: Estim	ate Your Ongoi	na Monthi	v Expenses				
Est	imate your ex	cpenses as of yo	our bankrı	uptcy filing date unless y				hapter 13 case to report of the form and fill in the
the	lude expense value of sucl ficial Form 10	h assistance an	non-cash g d have inc	government assistance it cluded it on <i>Schedule I:</i> Y	f you know <i>'our Income</i>		Your ex	penses
(0		,						
4.		or home owners and any rent for the		ses for your residence. In r lot.	nclude first mortgage	4.	\$	815.57
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	145.00
		rty, homeowner's				4b.	·	40.00
				ipkeep expenses		4c.	·	0.00
5		owner's associat		dominium dues our residence, such as hoi	me equity loans	4d. 5.		301.00

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Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: I and housekeeping supplies Icare and children's education costs Ing, laundry, and dry cleaning onal care products and services cal and dental expenses sportation. Include gas, maintenance, bus or train fare. Include car payments. Include car payments. Include contributions and religious donations ance. It include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: S. Do not include taxes deducted from your pay or included in lines 4 or 20. Ify: Ilment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Dyaments of alimony, maintenance, and support that you did not report cted from your pay on line 5, Schedule I, Your Income (Official Form 106 or payments you make to support others who do not live with you. Ify: Ify: Ir real property expenses not included in lines 4 or 5 of this form or on School of the support other support others on the support of th	6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c. 17d.		250.00 0.00 168.00 0.00 150.00 60.00 50.00 40.00 30.00 59.00 0.00
Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: and housekeeping supplies Icare and children's education costs using, laundry, and dry cleaning conal care products and services cal and dental expenses sportation. Include gas, maintenance, bus or train fare. Include car payments. Itainment, clubs, recreation, newspapers, magazines, and books itable contributions and religious donations itance. It include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: s. Do not include taxes deducted from your pay or included in lines 4 or 20. Ify: Ilment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: payments of alimony, maintenance, and support that you did not report cted from your pay on line 5, Schedule I, Your Income (Official Form 106 r payments you make to support others who do not live with you. Ify: Ir real property expenses not included in lines 4 or 5 of this form or on Science.	6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c. 17d.		0.00 168.00 0.00 150.00 0.00 60.00 150.00 40.00 30.00 59.00
Telephone, cell phone, Internet, satellite, and cable services Other. Specify: and housekeeping supplies Icare and children's education costs sing, laundry, and dry cleaning onal care products and services cal and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books itable contributions and religious donations rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance. Specify: s. Do not include taxes deducted from your pay or included in lines 4 or 20. ify: Illment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: payments of alimony, maintenance, and support that you did not report cted from your pay on line 5, Schedule I, Your Income (Official Form 106 r payments you make to support others who do not live with you. ify: r real property expenses not included in lines 4 or 5 of this form or on Sc	6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c. 17d. 17d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	168.00 0.00 150.00 0.00 60.00 50.00 150.00 40.00 30.00 59.00
Other. Specify: I and housekeeping supplies Icare and children's education costs Ining, laundry, and dry cleaning Ional care products and services Ical and dental expenses Isportation. Include gas, maintenance, bus or train fare. Include car payments. Intainment, clubs, recreation, newspapers, magazines, and books Itable contributions and religious donations Include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Illment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Dother. Specify: Dayments of alimony, maintenance, and support that you did not report cted from your pay on line 5, Schedule I, Your Income (Official Form 106 or payments you make to support others who do not live with you. Ify: In real property expenses not included in lines 4 or 5 of this form or on Scanses.	6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c. 17d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 150.00 0.00 60.00 50.00 150.00 40.00 0.00 30.00 59.00
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r real property expenses not included in lines 4 or 5 of this form or on So	19.		0.00
	-	our Income.	
	20a.		0.00
Real estate taxes	20b.	\$	0.00
Property, homeowner's, or renter's insurance	20c.	\$	0.00
Maintenance, repair, and upkeep expenses	20d.	\$	0.00
Homeowner's association or condominium dues	20e.	\$	0.00
r: Specify: American Home Sheild	21.	+\$	60.00
rdian Security		+\$	40.00
•			
ulate your monthly expenses Add lines 4 through 21.		\$	2 110 57
Rod lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-:)	\$	2,418.57
	•	·	0.440.55
Aud line ZZa and ZZb. The result is your monthly expenses.		a	2,418.57
ulate your monthly net income.			
Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,173.01
Copy your monthly expenses from line 22c above.	23b.	-\$	2,418.57
			•
Subtract your monthly expenses from your monthly income.	22.	 	754.44
The result is your monthly net income.	23C.	Ψ	1 34.44
LIIA C C SI	opy line 12 (your combined monthly income) from Schedule I. opy your monthly expenses from line 22c above.	te your monthly net income. opy line 12 (your combined monthly income) from Schedule I. opy your monthly expenses from line 22c above. 23b. ubtract your monthly expenses from your monthly income. he result is your monthly net income. 23c.	te your monthly net income. opy line 12 (your combined monthly income) from Schedule I. opy your monthly expenses from line 22c above. 23a. \$ 23b\$ ubtract your monthly expenses from your monthly income.

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Fill in this infor	mation to identify your	case:			
Debtor 1	Lillian J. Cheers				
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case number					
(if known)					Check if this is an amended filing
Official Forr	m 106Dec				
Declarat	tion About a	n Individual	Debtor's Scl	hedules	12/15
•	l8 U.S.C. §§ 152, 1341, 1 n Below	519, and 3571.			
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes. N	Name of person				tition Preparer's Notice, ature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules filed	l with this declaration and	
X /s/Lilli	ian J. Cheers		X		
	J. Cheers are of Debtor 1		Signature of D	Debtor 2	
Date ,	July 21, 2016		Date		

Case 1:16-bk-12814 Doc 1 Filed 07/28/16 Entered 07/28/16 16:25:13 Desc Main Document Page 36 of 62

38 as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Park 1: Give Details About Your Marital Status and Where You Lived Before							
Debtor 2 Geoure Lifeting First Name Middle Name Last Name	Fill	in this inform	ation to identify you	r case:			
Debtor 2 Case number	Deb	tor 1			LastName		
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO Case number Check if this is an amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 30 as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number of Known). Answer every question. 20	Deb	tor 2	First Name	Middle Name	Last Name		
Case number Check if this is an amended filing Check if this is an amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct normation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before What is your current marital status? Married Not married Not married Not married Not married Pebtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 lived there Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arzona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Visconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Pert 2 Explain the Sources of Your Income	(Spor	use if, filing)	First Name	Middle Name	Last Name		
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If wo married people are filing together, both are equally responsible for supplying correct from information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married No trianried 2. During the last 3 years, have you lived anywhere other than where you live now? Pebtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 lived there 8. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Visconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 1. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the lotal amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. Debtor 1 Sources of income Check all that apply. Geros income Check all that apply. Geros income (before deductions and exclusions). Donuses, tips Debtor 2 Sources of income (before deductions and exclusions). Debtor 2 Sources of income (before deductions and exclusions).	Unit	ed States Ban	kruptcy Court for the:	SOUTHERN DISTRICT C	OF OHIO		
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Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before What is your current marital status? Married Not married	○ £4	isial Far	voc 107				
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Married Not							
What is your current marital status? Married Not married					uns form. On the top of any	additional pages, write you	ui ilaille allu case
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				☐ Operating a business		☐ Operating a business	

Official Form 107

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		Document	Paye 31 01 02	
Debtor 1	Lillian J. Cheers		Case number (if known)	

				Debtor 1					Debtor 2			
				Sources of Check all th			Sources of Check all tha		Gross income (before deductions and exclusions)	(before deductions		
	last caler nuary 1 to	idar year: December 3	31, 2015)	■ Wages, bonuses, tip	ages, commissions, \$50,107.00 ses, tips		☐ Wages, of bonuses, tip	commissions, s				
				☐ Operatin	ng a business				☐ Operating	g a business		
		dar year bef December 3		■ Wages, bonuses, tip	commissions,		\$56,7	58.00	☐ Wages, o	commissions,		
				☐ Operatir	ng a business				☐ Operating	g a business		
	winnings. List each	If you are filir	ng a joint cas	e and you ha	ve income that y	ou rece	eived togethe	r, list it or	nly once unde	r Debtor 1.	nd gambling and lottery	•
				Debtor 1					Debtor 2			
				Sources of Describe be		each (befo	ss income from source ore deduction usions)		Sources of Describe be		Gross income (before deductions and exclusions)	
Pai	t 3: Lis	t Certain Pay	ments You	Made Before	e You Filed for E	Bankru	ptcy					
6.	□ No.	Neither De individual p During the S No. Yes * Subject to	btor 1 nor D rimarily for a 90 days befo Go to line 7. List below e paid that cre not include o adjustment r Debtor 2 o 90 days befo Go to line 7. List below e include payo	re you filed for a condition and for the condition are you filed for a condition and for the condition are you filed for a condition are you filed for a condition are you filed for a condition are condition are you filed for a condition are your filed for	mily, or household or bankruptcy, dict to whom you paid include payment an attorney for the and every 3 years primarily consult or bankruptcy, dict	d a total d you pa	ebts. Consumose." ay any credite I of \$6,425* comestic supportupicy case. hat for cases ebts. ay any credite I of \$600 or n	or a total or more in ort obliga filed on co or a total	of \$6,425* or one or more ations, such as or after the dat of \$600 or mo	more? payments and to see child support and the content of adjustment ore?	the total amount you and alimony. Also, do	
			,		,							
	Creditor	's Name and	Address		Dates of paymer	nt	Total amo	ount paid	Amount you still ow		payment for	

Page 38 of 62 Document Debtor 1 ise number (*if known*) Lillian J. Cheers Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο П Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave the gifts per person

Address:

Person to Whom You Gave the Gift and

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Name of trust

Description and value of the property transferred

Date Transfer was

made

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Case number (if known) Document

Debtor 1 Lillian J. Cheers

Par	t 8: List of Certain Financial Accounts, In	struments, Safe Depos	it Boxes, and Sto	rage Units				
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, on the second	or other financial accou	ınts; certificates (of deposit;		·	•	
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accour instrument		Date account was closed, sold, moved, or transferred		Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed fo	r bankruptcy, any	y safe depo	osit box or other depos	tory for sec	urities,	
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) State and ZIP Code) Describe the contents Address (Number, Street, City, State and ZIP Code)							
22.	Have you stored property in a storage unit	or place other than you	r home within 1 y	ear before	you filed for bankrupto	;y?		
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe tl	ne contents	Do you have it?		
Par	t 9: Identify Property You Hold or Control	for Someone Else						
23.	Do you hold or control any property that so for someone.	meone else owns? Inc	lude any property	you borro	owed from, are storing f	or, or hold i	n trust	
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe tl	ne property		Value	
Par	t 10: Give Details About Environmental Info	ormation						
For	the purpose of Part 10, the following definiti	ons apply:						
	Environmental law means any federal, state toxic substances, wastes, or material into t regulations controlling the cleanup of these	he air, land, soil, surfac	e water, groundv	• .			dous or	
	Site means any location, facility, or propert to own, operate, or utilize it, including dispose	y as defined under any		w, whethe	r you now own, operate	, or utilize if	t or used	
	Hazardous material means anything an envi hazardous material, pollutant, contaminant	rironmental law defines	as a hazardous v	waste, haz	ardous substance, toxi	substance	,	
Rep	ort all notices, releases, and proceedings th	at you know about, reg	ardless of when	they occur	red.			
24.	Has any governmental unit notified you tha	t you may be liable or p	otentially liable ι	ınder or in	violation of an environ	mental law?		
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental un Address (Number,		Enviror know it	nmental law, if you	Date of	notice	

Page 41 of 62 Document ase number (if known) Debtor 1 Lillian J. Cheers 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Lillian J. Cheers Signature of Debtor 2 Lillian J. Cheers Signature of Debtor 1 Date Date July 21, 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No ☐ Yes. Name of Person _ . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

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Debtor 1 Lillian J. Cheers

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LBR Form 2016-1(b)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

In re: Lillian J. Cheers		Case No.
Liman o. Gricero		Chapter 13
	Debtor(s)	Judge

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE

I. Disclosure

-•	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is a follows:
	For legal services, I have agreed to accept \$ 3,500.00
	Prior to the filing of this statement I have received \$\$
	Balance Due \$\$
2.	The source of the compensation paid to me was: ■ Debtor □ Other (specify):
3.	The source of compensation to be paid to me is:
	■ Debtor □ Other (specify):
4.	■ I have not agreed to share the above-disclosed compensation with any other persons unless they are members and/or associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

II. **Application**

- I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, 5. without itemization, an allowance of fees not to exceed \$3.500, for rendering the legal services set forth below. If I seek payment of fees in excess of \$3,500, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the hourly rate at which the services were performed, and the actual time spent by the case attorney, any other attorney, paralegal or professional person for whom fees are sought. Any request for reimbursement of expenses shall include an itemization of the expenses.
 - Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what a. chapter, to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and amendments thereto that may be required;
 - Preparation and filing of chapter 13 plan, and any pre-confirmation amendments thereto that may be required; c.
 - Preparation and filing of payroll orders and amended payroll orders; d.
 - Representation of the debtor at the meeting of creditors and confirmation hearing; and any continued hearings thereof; e.
 - Filing of address changes; f.
 - Routine phone calls and questions; g.
 - Review of claims: h.
 - Review of notice of intention to pay claims; i.
 - Preparation and filing of objections to non-real estate and non-tax claims; j.

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- Preparation and filing of first motion to suspend or reduce payments; k.
- Preparation and filing of debtor's certification regarding issuance of discharge order; and 1.
- Any other duty as required by local decision or policy. m. Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.
- By agreement with the debtor(s), the above-disclosed fee does not include the following services: 6.

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

July 21, 2016	/s/ John W. Rose
Date	John W. Rose

Date

Signature of Attorney (0029888) The Rose Law Office 632 Vine Street Suite 305 Cincinnati, OH 45202 (513) 621-7902 Fax: (513) 621-6402

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Fill in this information to identify your case:							
Debtor 1	Lillian J. Cheers						
Debtor 2 (Spouse, if filing)							
United States B	ankruptcy Court for the:	Southern District of Ohio					
Case number (if known)							

Check	Check as directed in lines 17 and 21:								
1	According to the calculations required by this Statement:								
1. Disposable income is not determined und 11 U.S.C. § 1325(b)(3).									
-	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								
	☐ Check if this is an amended filing								

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

F	art	1: Calculate Your Average Monthly Income							
	1.	What is your marital and filing status? Check one of	only.						
		■ Not married. Fill out Column A, lines 2-11.							
		☐ Married. Fill out both Columns A and B, lines 2-11							
	10 the	I in the average monthly income that you received from a 1(10A). For example, if you are filing on September 15, the 6-e 6 months, add the income for all 6 months and divide the tobuses own the same rental property, put the income from that	month p al by 6. f	eriod would Fill in the re	be March 1 thresult. Do not incl	ough Aug ude any i	gust 31. If the amoincome amount m	ount of your monthly incom ore than once. For examp	ne varied during le, if both
						Colui Debte		Column B Debtor 2 or non-filing spouse	
		Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and c	ommissi	ons (before al	s	4,734.27	\$	
		Alimony and maintenance payments. Do not includ Column B is filled in.	e paym	ents from	a spouse if	\$	0.00	\$	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.							0.00	\$	
		Net income from operating a business, profession, or farm	Debto	or 1					
		Gross receipts (before all deductions)	\$	0.00					
		Ordinary and necessary operating expenses	-\$	0.00					
		Net monthly income from a business, profession, or fa	arm \$	0.00	Copy here -	> \$	0.00	\$	
	6.	Net income from rental and other real property	Debto						
		Gross receipts (before all deductions)	\$_	0.00					
		Ordinary and necessary operating expenses	-\$	0.00					
		Net monthly income from rental or other real property	•	0.00	Copy here -	> \$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Debtor 1 Lillian J. Cheers Page 46 01 62

Case number (if known)

					Column A Debtor 1		Column B Debtor 2 or non-filing s		
7.	Interes	st, dividends, and royalties			\$	0.00	\$		
8.	Unem	ployment compensation			\$	0.00	\$		
	the So	enter the amount if you contend that the cial Security Act. Instead, list it here:		fit under	•				
	For	you	\$0.	.00					
	For	you_ your spouse	\$						
9.		on or retirement income. Do not include under the Social Security Act.	e any amount received that wa	is a	\$	0.00	\$		
10.	Do not receive	e from all other sources not listed abore include any benefits received under the ed as a victim of a war crime, a crime agatic terrorism. If necessary, list other sour elow.	Social Security Act or paymer ainst humanity, or international	nts I or					
					\$	0.00	\$		
					\$	0.00	\$		
		Total amounts from separate pages, if	any.	+	\$	0.00	\$		
11.		ate your total average monthly incomolumn. Then add the total for Column A		\$	4,734.27	+ \$		= \$	4,734.27
12.	Сору	Determine How to Measure Your Ded	om line 11.					\$	4,734.27
13.	_	ate the marital adjustment. Check one	:						
	_	ou are not married. Fill in 0 below.							
		ou are married and your spouse is filing	•						
		ou are married and your spouse is not fil ill in the amount of the income listed in lir	0	T rogula	arly poid for th	o househ	old ovpopeoe	of you o	. vour
	de	ependents, such as payment of the spou	se's tax liability or the spouse's	s suppo	rt of someone	e other tha	an you or your	depende	ents.
		elow, specify the basis for excluding this djustments on a separate page.	income and the amount of inc	ome de	voted to each	purpose.	. If necessary,	list addit	ional
	lf	this adjustment does not apply, enter 0 b	pelow.						
				\$		_			
				т¢ 					
				+>_					
		Total		\$	0.0	O Col	py here=>		0.00
14.	Your	current monthly income. Subtract line	e 13 from line 12.					\$	4,734.27
15.		ulate your current monthly income for	the year. Follow these steps:	<u>.</u>					4,734.27
	15a.	Copy line 14 here=>						\$	7,137.21
		Multiply line 15a by 12 (the number of n	nonths in a year).					X 1	12
	15b.	The result is your current monthly incom	ne for the year for this part of t	he form				\$	56,811.24

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Debto	r 1	Lillia	Doo n J. Cheers	cument	Page 47 of 62 Case number (if know	vn)		
16.	Cald	culate t	he median family income that applies to	you. Follow the	ese steps:			
	16a	. Fill in t	the state in which you live.	ОН				
	16h	Eill in t	the number of people in your bousehold	1				
			the number of people in your household. the median family income for your state and				•	44.849.00
		To find	d a list of applicable median income amount ctions for this form. This list may also be ava	ts, go online usir	ng the link specified in the separat	e	\$	44,043.00
17.	Hov	_	e lines compare?					
	17a.	. ப	Line 15b is less than or equal to line 16c. 0 11 U.S.C. § 1325(b)(3). Go to Part 3. Do I					
	17b.		Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a	ulation of You				
Part	3:	Calc	culate Your Commitment Period Under 11	U.S.C. § 1325((b)(4)			
18.	Сор	y your	total average monthly income from line	11 .		\$		4,734.27
19.	9. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 19a. If the marital adjustment does not apply, fill in 0 on line 19a.							0.00
	19b.	. Subtra	act line 19a from line 18.				\$	4,734.27
20.	Cald	culate y	your current monthly income for the year	. Follow these	steps:			4 70 4 0 7
	20a	Copy l	line 19b				\$	4,734.27
		Multip	ly by 12 (the number of months in a year).				X	12
	20b.	. The re	esult is your current monthly income for the y	year for this part	t of the form		\$	56,811.24
	20c.	Copy	the median family income for your state and	l size of househ	old from line 16c		\$	44,849.00
	21.	How o	do the lines compare?					
			ine 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	ise ordered by t	the court, on the top of page 1 of th	his form, check bo	ox 3, <i>Th</i>	e commitment
			ine 20b is more than or equal to line 20c. Use mmitment period is 5 years. Go to Part 4.	nless otherwise	ordered by the court, on the top o	of page 1 of this fo	rm, che	ck box 4, The
Part	4:	Sigr	n Below					
	By s	igning	here, under penalty of perjury I declare that	the information	on this statement and in any attac	chments is true an	d corre	ct.
X	/s/	Lillia	n J. Cheers					
			. Cheers of Debtor 1					
			v 21, 2016					

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

If you checked 17a, do NOT fill out or file Form 122C-2.

MM / DD / YYYY

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Fill	in this inf	ormation to	identify you	r case:								
Deb	tor 1	Lillian J.	Cheers									
	tor 2 ouse, if filir	ng)										
Unit	ed States	Bankruptcy C	ourt for the:	Southern I	District of Oh	iio						
	e number nown)								☐ Ched	ck if this is	an amende	d filing
	ial Form apter	122C-2 13 Cal	culatio	n of Yo	our Dis _l	posable	e In	come				04/16
		form, you w Period (Offic			copy of Ch	apter 13 Sta	atemen	nt of Your Cur	rent Monthi	ly Income a	and Calculati	on of
spac	e is need	te and accura ed, attach a s ges, write you	separate she	et to this fo	orm, Include	the line nur	togetl mber t	her, both are o to which addit	equally resp ional inforn	oonsible fo nation app	r being accu lies. On the t	rate. If more op any
Part	11: C	alculate You	Deductions	s from Your	Income							
th in D	ne question iformation educt the expenses if	ons in lines 6 on may also be expense amo they are high	-15. To find e available a unts set out er than the s	the IRS star at the bankroin lines 6-15 tandards. Do	ndards, go c uptcy clerk's regardless of not include	online using s office. of your actual any operatin	the lin	certain exper nk specified in nse. In later pa enses that you	the separa rts of the for subtracted f	m, you will u	ions for this use some of y	form. This
			•	•			ouse's i	income in line	13 of Form 1	122C-1.		
		enses differ fro			•	•	informa	ation required l	ov a aimilar t	form upod ir	a abantar 7 aa	200
5.		umber of pec							by a similar i	ionn usea ii	i chapter 7 ca	ises.
Э.	Fill in t	the number of	people who	could be cla Il dependent	imed as exe	mptions on ye	our fec	deral income ta per may be diff	x return, erent from		1	
N	ational St	tandards	You mu	ust use the II	RS National	Standards to	answe	er the question	s in lines 6-7	7.		
6.		clothing, and ards, fill in the					ntered i	in line 5 and th	e IRS Natio	nal	\$	585.00
7.	the do people	llar amount fo	r out-of-pock or olderbeca	et health car ause older p	re. The numb eople have a	per of people a higher IRS a	is split allowar	ered in line 5 a t into two cateo nce for health o 22.	oriespeop	le who are	under 65 and	

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Page 49 of 62 Document Lillian J. Cheers Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 1 7c. Subtotal. Multiply line 7a by line 7b. 60.00 Copy here=> \$ 60.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 130 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. Copy here=> \$ 0.00 7g. Total. Add line 7c and line 7f 60.00 60.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 479.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 928.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Beneficial 1,301.57 Copy Repeat this amount 1,301.57 1.301.57 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=>

Explain why:

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

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Lillian J. Cheers Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 212.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. **Describe Vehicle 1:** Vehicle 1 2015 Nissan Altima Lien Filed May 31, 2016 13a. Ownership or leasing costs using IRS Local Standard..... 517.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment Santander 383,58 Repeat this Copy amount on line 33b. **Total Average Monthly Payment** 383.58 383,58 Copy net Vehicle 1 13c. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 133.42 133.42 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment \$ Copy Repeat this here amount on line Total average monthly payment 0.00 Copy net 13f. Net Vehicle 2 ownership or lease expense Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.000.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

0.00

not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Lillian J. Cheers Case number (if known)

		an addition to the expense do ne following IRS categories		s listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, socia	security taxes, and Medica vever, if you expect to receing the total monthly amount	are taxes	s. You may inc refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from just divide the expected refund by 12 for taxes.	\$	879.65
17.	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.						
			, such a	s voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.						0.00
19.	Court-ordered payments: To administrative agency, such a Do not include payments on p	s spousal or child support	paymen	is.	by the order of a court or You will list these obligations in line 35.	\$	0.00
20.	Education: The total monthly	-					
	as a condition for your job,	, , ,			•		
	for your physically or ment	ally challenged dependent	child if r	o public educ	ation is available for similar services.	\$	0.00
21.	Childcare: The total monthly Do not include payments for a			•	sitting, daycare, nursery, and preschool.	\$	0.00
22.		and welfare of you or your	depende	ents and that is	amount that you pay for health care s not reimbursed by insurance or paid al entered in line 7.		
	Payments for health insurance	e or health savings accoun	ts should	d be listed only	y in line 25.	\$	0.00
23.	3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +\$						
						+\$	0.00
24.		orted on line 5 of Official Fo	orm 1220	C-1, or any am		+ \$	2,349.07
	expenses, such as those repo	orted on line 5 of Official Fo	orm 1220 nse allove eductions	c-1, or any am wances. s allowed by the	ount you previously deducted.		
Add	expenses, such as those reports Add all of the expenses allowed Add lines 6 through 23. Sitional Expense Deductions Health insurance, disability	orted on line 5 of Official Footweet under the IRS exper These are additional de Note: Do not include ar insurance, and health sa	orm 1220 nse alloveductions ny expenivings ac	c-1, or any am wances. s allowed by the se allowances ccount expen	ount you previously deducted.	\$	
Add	expenses, such as those reports and all of the expenses allowed Add lines 6 through 23. Sitional Expense Deductions Health insurance, disability insurance, disability insurance, disability insurance.	orted on line 5 of Official Footweet under the IRS exper These are additional de Note: Do not include ar insurance, and health sa	orm 1220 nse alloveductions ny expenivings ac	c-1, or any am wances. s allowed by the se allowances ccount expen	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses allowed Add lines 6 through 23. Iitional Expense Deductions Health insurance, disability insurance, disability insurance, your dependents.	orted on line 5 of Official Footweet under the IRS exper These are additional de Note: Do not include ar insurance, and health sa	orm 1220 nse allow eductions ny expen vings acunts that	vances. s allowed by the se allowances ccount expen are reasonab	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses allowed Add lines 6 through 23. Iitional Expense Deductions Health insurance, disability insurance, disability insurance, your dependents. Health insurance	orted on line 5 of Official Forewed under the IRS experiments. These are additional de Note: Do not include ar insurance, and health savings according to the savings accor	orm 1220 nse allow eductions ny expen vings a unts that	vances. s allowed by the se allowances ccount expender reasonab	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses allowed Add lines 6 through 23. Ilitional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance	orted on line 5 of Official Forewed under the IRS experiments. These are additional de Note: Do not include ar insurance, and health savings according to the savings accor	orm 1220 nse allow eductions ny expen vings a unts that	vances. s allowed by the se allowances ccount expensare reasonab 316.63 0.00	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses allowed Add lines 6 through 23. Ilitional Expense Deductions Health insurance, disability insurance, your dependents. Health insurance Disability insurance Health savings account	orted on line 5 of Official Footwed under the IRS exper These are additional de Note: Do not include ar insurance, and health sae, and health savings according to the same of the Note: Note: Do not include ar insurance, and health savings according to the Note: Do not include ar insurance, and health savings according to the Note: Do not include ar insurance, and health savings according to the Note: Do not include a	orm 1220 nse allow eductions ny expen vings a unts that \$ \$	vances. s allowed by the se allowances are reasonab 316.63 0.00 0.00	ount you previously deducted. The Means Test. Is listed in lines 6-24. Isses. The monthly expenses for health ly necessary for yourself, your spouse, o	\$	2,349.07
Add	Add all of the expenses allowed Add lines 6 through 23. Ilitional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total	orted on line 5 of Official Footwed under the IRS exper These are additional de Note: Do not include ar insurance, and health sae, and health savings according to the same of the Note: Note: Do not include ar insurance, and health savings according to the Note: Do not include ar insurance, and health savings according to the Note: Do not include ar insurance, and health savings according to the Note: Do not include a	orm 1220 nse allow eductions ny expen vings a unts that \$ \$	vances. s allowed by the se allowances are reasonab 316.63 0.00 0.00	ount you previously deducted. The Means Test. Is listed in lines 6-24. Isses. The monthly expenses for health ly necessary for yourself, your spouse, o	\$	2,349.07
Add	Add all of the expenses allowed Add lines 6 through 23. Ilitional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this tot No. How much do you yes Continued contributions to continue to pay for the reason	These are additional de Note: Do not include ar insurance, and health sa e, and health savings accordant articles are additional de the care of household or lable and necessary care a gour immediate family who	sorm 1220 Inse allow Reductions by expensivings are autors that the second se	vances. s allowed by the se allowances are reasonab 316.63 0.00 316.63 members. The ort of an elder olde to pay for s	count you previously deducted. The Means Test. Is listed in lines 6-24. The monthly expenses for health ly necessary for yourself, your spouse, or yourself, your spouse, or yourself, your spouse, or actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$	2,349.07
25. 26.	Add all of the expenses allowed Add lines 6 through 23. Ilitional Expense Deductions Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total No. How much do you yes Yes Continued contributions to continue to pay for the reasor your household or member of include contributions to an actual protection against family vi	These are additional de Note: Do not include ar insurance, and health sate, and health savings according to the care of household or nable and necessary care at your immediate family who count of a qualified ABLE polence. The reasonably necessary care at your immediate family who count of a qualified ABLE polence. The reasonably necessary care at your immediate family who count of a qualified ABLE polence. The reasonably necessary care at your immediate family who count of a qualified ABLE polence.	sorm 1220 Inse allow Reductions by expensivings accurate that	vances. s allowed by the se allowances count expensare reasonab 316.63 0.00 0.00 316.63 members. The ort of an elder old to pay for separate	count you previously deducted. The Means Test. Is listed in lines 6-24. The monthly expenses for health ly necessary for yourself, your spouse, or yourself, your spouse, or yourself, your spouse, or actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$s	2,349.07 316.63

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ebtor 1	Lillian J. Cheers Case number (if known)						
	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance an	nd operating	expenses or	1		
	If you believe that you have home energy on the fill in the excess amount of home er	costs that are more than the home energy costs in ergy costs	ncluded in ex	penses on li	ne		
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must showary.	w that the ad	lditional	\$	0.00	
;	Education expenses for dependent child \$160.42* per child) that you pay for your de public elementary or secondary school.	dren who are younger than 18. The monthly experience that the control of the cont	penses (not r s old to attend	more than d a private o	r		
	You must give your case trustee document claimed is reasonable and necessary and r						
•	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or after	the date of a	djustment.	\$	0.00	
ı		he monthly amount by which your actual food and allowances in the IRS National Standards. That is in the IRS National Standards.					
		ional allowance, go online using the link specified so be available at the bankruptcy clerk's office.	d in the sepa	rate			
•	You must show that the additional amount	claimed is reasonable and necessary.			\$_	0.00	
	Continuing charitable contributions. The instruments to a religious or charitable orga	e amount that you will continue to contribute in the anization. 11 U.S.C. § 548(d)(3) and (4).	e form of cas	h or financia	ıl		
ı	Do not include any amount more than 15%	of your gross monthly income.			\$	0.00	
	Add all of the additional expense deduct Add lines 25 through 31.	tions.			\$_	316.63	
Dedu	ctions for Debt Payment						
	or debts that are secured by an interest pans, and other secured debt, fill in lines	in property that you own, including home moi 33a through 33e.	rtgages, vel	nicle			
	o calculate the total average monthly paym reditor in the 60 months after you file for ba	ent, add all amounts that are contractually due to nkruptcy. Then divide by 60.	each secure	ed			
	Mortgages on your home					Average monthly payment	
33a.	Copy line 9b here			=>	\$	1,301.57	
	Loans on your first two vehicles					.,	
33b.	•			=>	\$	383.58	
33c.					·	0.00	
					Ψ	0.00	
33d. Name	List other secured debts: e of each creditor for other secured debt	Identify property that secures the debt	incl	es payment ude taxes nsurance?			
				No			
	-NONE-			Yes	\$		
					–		
				No			
				Yes	\$		
				No			
				Yes +	\$		
33e	Total average monthly payment. Add lines	s 33a through 33d \$_	1,68	Cop tota her		1,685.15	

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Lillian J. Cheers Case number (if known) Debtor 1 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt **Total cure amount** Monthly cure amount $\div 60 = \$$ -NONE-Copy total 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. The second secon ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 ÷60 \$ 0.00 36. Projected monthly Chapter 13 plan payment 700.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 4.60 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 32.20 32.20 here=> Average monthly administrative expense 1,717.35 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 2,349.07 expense allowances Copy line 32, All of the additional expense deductions 316.63 Copy line 37, All of the deductions for debt payment 1,717.35 4,383.05 4,383.05 Total deductions..... Copy total here=>

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ebtor 1 Lill	ian J. Chee	ers		3	Case	number	(if known)			
art 2: D	etermine Yo	ur Disposable Income Under 11 U.S.C. § 13	25(b)(2	2)						
		rent monthly income from line 14 of Form ^r Current Monthly Income and Calculation of						\$	4,734	4.27
childre disabilit receive	n. The month y payments f d in accordan	oly necessary income you receive for supporting average of any child support payments, for our a dependent child, reported in Part I of Fornace with applicable nonbankruptcy law to the ended for such child.	ter care n 122C	e payments, o -1, that you	or	\$	(0.00		
employ in 11 U.	Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).					902	2.11			
42. Total o	f all deduction	ons allowed under 11 U.S.C. § 707(b)(2)(A).	Copy li	ne 38 here	=>	\$	4,383	3.05		
expens their ex	es and you ha penses. You	ial circumstances. If special circumstances just no reasonable alternative, describe the special give your case trustee a detailed explanation of the expenses.	eciál ci	ircumstances	and					
Describe t	he special ci	rcumstances	1	Amount of e	xpen	se				
			\$							
			\$							
			· \$							
						Сору				
		Total	\$	0.0	0	here=		0.	.00	
								Сору		
44. Total a	djustments.	Add lines 40 through 43.		=>	\$		5,285.16	here=		5.16
45. Calcula	ate your mor	nthly disposable income under § 1325(b)(2).	. Subtra	act line 44 fro	m lin	e 39.		\$	-550.8	39
art 3: C	hanwa in Ina	ome or Expenses								
46. Chang have character time you file	e in income on nanged or are ur case will be d your petition	or expenses. If the income in Form 122C-1 or virtually certain to change after the date you fe open, fill in the information below. For example, check 122C-1 in the first column, enter line in when the increase occurred, and fill in the a	filed you ple, if th 2 in the	ur bankruptcy ne wages rep e second colu	y peti orted imn, (tion a incre	nd during the ased after			
Form	Line	Reason for change		Date of cha	nge		ncrease or ecrease?	Amo	ount of change	
☐ 122C-1							Increase			
☐ 122C-2						_ [Decrease	\$_		
122C-1						_	Increase	_		
☐ 122C-2						_	Decrease	\$_		
☐ 122C-1							Increase	e		
☐ 122C-2							Decrease	\$_		
☐ 122C-1 ☐ 122C-2							Increase Decrease	\$		
ப 1220-2						_ L	→ Decrease	Ψ		

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Debtor 1	Lillian J. Cheers	Case number (if known)	
Part 4:	Sign Below		
В	By signing here, under penalty of perjury you declare that	the information on this statement and in any attachments is true and correct.	
	/s/ Lillian J. Cheers Lillian J. Cheers Signature of Debtor 1		
	July 21, 2016 MM / DD / YYYY		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. 6th Avenue C.U. 1101 Martin L. King, Jr. Blvd. Birmingham, AL 35211

Ally Financial P.O. Box 380901 Minneapolis, MN 55438

Ally Financial c/o Regions Bank 720 N. 39th Street Birmingham, AL 35222

American Express P.O. Box 981537 El Paso, TX 79998

AMEX DSNB P.O. Box 8218 Mason, OH 45040

Barclays Bank P.O. Box 8803 Wilmington, DE 19899

Belk/Synchrony Bank P.O. Box 965028 Orlando, FL 32896

Beneficial P.O. Box 1231 Brandon, FL 33509

Beneficial P.O. Box 5233 Carol Stream, IL 60197

Cincinnati Healthcare Assoc. C.U. 2139 Auburn Avenue Cincinnati, OH 45219

Citi-Shell P.O. Box 6497 Sioux Falls, SD 57117

Dillards/WF P.O. Box 14517 Des Moines, IA 50306

Discover Bank P.O. Box 15316 Wilmington, DE 19850 Great Lakes Higher Education Corporation 2401 International Lane Madison, WI 53704-3192

JC Penney/Synchrony Bank P.O. Box 965007 Orlando, FL 32896

Lowes/Synchrony Bank P.O. Box 965005 Orlando, FL 32896

Macys/DSNB P.O. Box 8218 Mason, OH 45040

Pay Pal 2211 North First Street San Jose, CA 95131

Regions Bank P.O. Box 276357 Sacramento, CA 95827

Regions Bank 2050 Parkway Office Circle Birmingham, AL 35244

Sams/Synchrony Bank P.O. Box 965005 Orlando, FL 32896

Santander P. O. Box 560284 Dallas, TX 75356

Santander Consumer P.O. Box 961245 Fort Worth, TX 76161

Springleaf Financial P.O. Box 9068 Brandon, FL 33508

Springleaf Financial 601 N.W. Second Street Evansville, IN 47706

Suntrust Bank P.O. Box 85052 VA-RVW 7952 Richmond, VA 23285

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Suntrust Bank c/o Cheek Law Offices, LLC 471 East Broad Street, 12th Floor Columbus, OH 43215

Verizon Wireless 500 Technology Drive Suite 500 Saint Charles, MO 63304

Von Maur 6565 Brady Davenport, IA 52806

Wal-Mart/Synchrony Bank P.O. Box 965024 Orlando, FL 32896